



# HEALTH QUARTERLY STATEMENT

AS OF MARCH 31, 2002  
OF THE CONDITION AND AFFAIRS OF THE

## CIGNA HealthCare of Ohio, Inc.

NAIC Group Code	0901 <small>(Current Period)</small>	0901 <small>(Prior Period)</small>	NAIC Company Code	95209	Employer's ID Number	31-1146142
Organized under the Laws of	Ohio			State of Domicile or Port of Entry	Ohio	
Country of Domicile	United States of America					
Licensed as business type:	Life, Accident & Health [ ]		Property/Casualty [ ]		Dental Service Corporation [ ]	
	Vision Service Corporation [ ]		Other [ ]		Health Maintenance Organization [ X ]	
	Hospital, Medical & Dental Service or Indemnity [ ]		Is HMO, Federally Qualified? Yes [ ] No [ X ]			
Incorporated	08/16/1985		Commenced Business	05/01/1986		
Statutory Home Office	3700 Corporate Drive Suite 200 <small>(Street and Number)</small>			Columbus, OH 43239 <small>(City or Town, State and Zip Code)</small>		
Main Administrative Office	3700 Corporate Drive, Suite 200 <small>(Street and Number)</small>			Columbus, OH 43239 <small>(City or Town, State and Zip Code)</small>		
	614-823-7500 <small>(Area Code) (Telephone Number)</small>					
Mail Address	3700 Corporate Drive Suite 200 <small>(Street and Number or P.O. Box)</small>			Columbus, OH 43239 <small>(City or Town, State and Zip Code)</small>		
Primary Location of Books and Records	900 Cottage Grove Road, Wilde Bld B-228 <small>(Street and Number)</small>			Bloomfield, CT 06152 <small>(City or Town, State and Zip Code)</small>		
	860-226-2531 <small>(Area Code) (Telephone Number)</small>					
Internet Website Address	www.cigna.com					
Statement Contact	Jodi Ellen Metz <small>(Name)</small>			860-226-2531 <small>(Area Code) (Telephone Number) (Extension)</small>		
	Jodi.Metz@CIGNA.com <small>(E-mail Address)</small>			860-226-6443 <small>(FAX Number)</small>		
Policyowner Relations Contact	3700 Corporate Drive, Suite 2000 <small>(Street and Number)</small>			Columbus, OH 43231 <small>(City or Town, State and Zip Code)</small>		
	614-823-7500 <small>(Area Code) (Telephone Number) (Extension)</small>					

### OFFICERS

President	Jeanne Elizabeth McCarthy	Secretary	Susan Laura Cooper
Treasurer	David Mathew Porcello		

### VICE PRESIDENTS

Bradley Carl Arms	Paul Bergsteinsson	Zenia Collette Edwards M.D.
John Patrick Frey #	Rickey Joe Grizzle #	Jannifer Drake Harper M.D.
Razia Sultana Hashmi M.D. #	James Thomas Kohan	David Charles Kopp
Carla Cirone Mangiafico	Barry Richard McHale	David Mathew Porcello
Donald William Porter	Karen Sue Rohan	David Scott
Stephen Chester Stachelek	Bach Mai Thi Thai	James Lynn Tomarken M.D.
Robert Cody Williams #		

### DIRECTORS OR TRUSTEES

Razia Sultana Hashmi M.D. #	Karen Sue Rohan	William Allen Schaffer M.D.
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State of .....Connecticut.....  
County of .....Hartford.....  
} ss Bloomfield

The officers of this reporting entity, being duly sworn, each depose and say that they are the described officers of said reporting entity, and that on the reporting period stated above, all of the herein described assets were the absolute property of the said reporting entity, free and clear from any liens or claims thereon, except as herein stated, and that this statement, together with related exhibits, schedules and explanations therein contained, annexed or referred to is a full and true statement of all the assets and liabilities and of the condition and affairs of the said reporting entity as of the reporting period stated above, and of its income and deductions therefrom for the period ended, and have been completed in accordance with the NAIC Annual Statement Instructions and Accounting Practices and Procedures manual except to the extent that: (1) state law may differ; or, (2) that state rules or regulations require differences in reporting not related to accounting practices and procedures, according to the best of their information, knowledge and belief, respectively.

Carla Cirone Mangiafico President	Raymond Peter McCarthy Assistant Secretary	David Mathew Porcello Treasurer
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Subscribed and sworn to before me this  
\_\_\_\_\_ day of \_\_\_\_\_, 2002

\_\_\_\_\_

ASSETS

	Current Period			Prior Year
	1 Assets	2 Nonadmitted Assets	3 Net Admitted Assets	4 Net Admitted Assets
1. Bonds .....	6,502,110		6,502,110	6,502,074
2. Stocks:				
2.1 Preferred stocks .....				
2.2 Common stocks .....				
3. Mortgage loans on real estate:				
3.1 First liens .....				
3.2 Other than first liens .....				
4. Real estate (Schedule A):				
4.1 Properties occupied by the company (less \$ ..... encumbrances).....	1,062,804		(a) 1,062,804	1,098,054
4.2 Properties held for the production of income (less \$ ..... encumbrances) .....				
4.3 Properties held for sale (less \$ ..... encumbrances) .....				
5. Cash (\$ .....6,420,873 ) and short-term investments (\$ ..... ) .....	6,420,873		6,420,873	8,819,830
6. Other long-term invested assets .....				
7. Receivable for securities .....				
8. Aggregate write-ins for invested assets .....				
9. Subtotals, cash and invested assets (Lines 1 to 8) .....	13,985,787		13,985,787	16,419,958
10. Accident and health premiums due and unpaid .....	1,390,230	279,016	1,111,214	437,176
11. Health care receivables .....	9,003	6,564	2,439	
12. Amounts recoverable from reinsurers .....	24,735		24,735	256,791
13. Net adjustment in assets and liabilities due to foreign exchange rates .....				
14. Investment income due and accrued .....	109,389		109,389	130,065
15. Amounts due from parent, subsidiaries and affiliates .....				
16. Amounts receivable relating to uninsured accident and health plans .....	4,005,650	2,159	4,003,491	6,826,032
17. Furniture and equipment .....	108,575	108,575		
18. Amounts due from agents .....				
19. Federal and foreign income tax recoverable and interest thereon (including \$ .....677,214 net deferred tax asset) .....	677,214	400,131	277,083	
20. Electronic data processing equipment and software.....				0
21. Other nonadmitted assets .....				
22. Aggregate write-ins for other than invested assets .....	21,303	21,303	0	
23. Total assets (Lines 9 plus 10 through 22)	20,331,886	817,748	19,514,138	24,070,022
DETAILS OF WRITE-INS				
0801. ....			0	0
0802. ....				
0803. ....				
0898. Summary of remaining write-ins for Line 8 from overflow page .....				
0899. Totals (Lines 0801 thru 0803 plus 0898) (Line 8 above)				
2201. Prepaid Expense.....	21,303	21,303	0	0
2202. ....				
2203. ....				
2298. Summary of remaining write-ins for Line 22 from overflow page .....				
2299. Totals (Lines 2201 thru 2203 plus 2298) (Line 22 above)	21,303	21,303	0	

(a) \$ ..... health care delivery assets included in Line 4.1, Column 3

LIABILITIES, CAPITAL AND SURPLUS

	Current Period			Prior Year
	1 Covered	2 Uncovered	3 Total	4 Total
1. Claims unpaid (less \$ .....12,497 reinsurance ceded)	3,766,268		3,766,268	4,023,021
2. Accrued medical incentive pool and bonus payments .....	75,296		75,296	75,404
3. Unpaid claims adjustment expenses .....	120,235		120,235	123,922
4. Aggregate policy reserves .....				
5. Aggregate claim reserves .....				
6. Premiums received in advance .....	100,776		100,776	63,039
7. General expenses due or accrued .....	30,000		30,000	31,110
8. Federal and foreign income tax payable and interest thereon (including \$ ..... on realized capital gains (losses) (including \$ ..... net deferred tax liability) .....	67,882		67,882	795,957
9. Amounts withheld or retained for the account of others .....				
10. Borrowed money (including \$ ..... current) and interest thereon \$ ..... (including \$ ..... current) .....				
11. Amounts due to parent, subsidiaries and affiliates .....	7,409,111		7,409,111	11,635,211
12. Payable for securities .....				
13. Funds held under reinsurance treaties with (\$ ..... authorized reinsurers and \$ ..... unauthorized reinsurers) .....				
14. Reinsurance in unauthorized companies .....				
15. Net adjustments in assets and liabilities due to foreign exchange rates .....				
16. Liability for amounts held under uninsured accident and health plans .....				
17. Aggregate write-ins for other liabilities (including \$ ..... current) .....	523,631		523,631	420,702
18 Total liabilities (Lines 1 to 17).....	12,093,199		12,093,199	17,168,365
19. Common capital stock .....	XXX	XXX	1,075	1,075
20 Preferred capital stock .....	XXX	XXX		
21. Gross paid in and contributed surplus .....	XXX	XXX	27,840,375	27,840,375
22. Surplus notes .....	XXX	XXX		
23. Aggregate write-ins for other than special surplus funds .....	XXX	XXX		
24. Unassigned funds (surplus) .....	XXX	XXX	(20,420,511)	(20,939,793)
25. Less treasury stock, at cost:				
25.1 .....shares common (value included in Line 19) \$ ..... ) .....	XXX	XXX		
25.2 .....shares preferred (value included in Line 20) \$ ..... ) .....	XXX	XXX		
26. Total capital and surplus (Lines 19 to 25) .....	XXX	XXX	7,420,939	6,901,657
27. Total liabilities, capital and surplus (Lines 18 and 26)	XXX	XXX	19,514,138	24,070,022
DETAILS OF WRITE-INS				
1701. Escheat Liability.....	104,350		104,350	101,973
1702. Premium Tax Accrual.....	300,986		300,986	254,062
1703. Non - Premium Tax Accruals.....	50,773		50,773	50,097
1798. Summary of remaining write-ins for Line 17 from overflow page .....	67,522		67,522	14,569
1799. Totals (Lines 1701 thru 1703 plus 1798) (Line 17 above)	523,631		523,631	420,702
2301. ....	XXX	XXX		
2302. ....	XXX	XXX		
2303. ....	XXX	XXX		
2398. Summary of remaining write-ins for Line 23 from overflow page .....	XXX	XXX		
2399. Totals (Lines 2301 thru 2303 plus 2398) (Line 23 above)	XXX	XXX		

STATEMENT OF REVENUE AND EXPENSES

	Current Year to Date		Prior Year
	1 Uncovered	2 Total	3 Total
1. Member Months.....	XXX	36,683	214,906
2. Net premium income .....	XXX	6,900,512	37,639,015
3. Change in unearned premium reserves and reserve for rate credits .....	XXX		
4. Fee-for-service (net of \$ ..... medical expenses) .....	XXX		
5. Risk revenue .....	XXX		
6. Aggregate write-ins for other health care related revenues .....	XXX		
7. Total revenues (Lines 2 to 6) .....	XXX	6,900,512	37,639,015
<b>Medical and Hospital:</b>			
8. Hospital/medical benefits .....		621,764	11,817,755
9. Other professional services .....		4,328,552	12,571,598
10. Outside referrals .....			
11. Emergency room and out-of-area .....			
12. Prescription drugs .....		666,370	4,860,041
13. Aggregate write-ins for other medical and hospital .....			0
14. Incentive pool and withhold adjustments .....		443	8,888
15. Subtotal (Lines 8 to 14) .....		5,617,129	29,258,282
<b>Less:</b>			
16. Net reinsurance recoveries .....		4,327	110,022
17. Total medical and hospital (Lines 15 minus 16) .....		5,612,802	29,148,260
18. Claims adjustment expenses .....		336,007	1,375,804
19. General administrative expenses.....		1,262,351	8,875,429
20. Increase in reserves for accident and health contracts .....			
21. Total underwriting deductions (Lines 17 through 20) .....		7,211,160	39,399,493
22. Net underwriting gain or (loss) (Lines 7 minus 21) .....	XXX	(310,648)	(1,760,478)
23. Net investment income earned .....		65,535	186,058
24. Net realized capital gains or (losses) .....			(329,064)
25. Net investment gains or (losses) (Lines 23 plus 24) .....		65,535	(143,006)
26. Net gain or (loss) from agents' or premium balances charged off [(amount recovered \$ ..... ) (amount charged off \$ ..... )] .....			
27. Aggregate write-ins for other income or expenses .....	0	8,000	36,632
28. Net income or (loss) before federal income taxes (Lines 22 plus 25 plus 26 plus 27) .....	0	(237,113)	(1,866,852)
29. Federal and foreign income taxes incurred .....	XXX	(23,075)	(74,113)
30. Net income (loss) (Lines 28 minus 29) .....	XXX	(214,038)	(1,792,739)
<b>DETAILS OF WRITE-INS</b>			
0601. ....	XXX		
0602. ....	XXX		
0603. ....	XXX		
0698. Summary of remaining write-ins for Line 6 from overflow page .....	XXX		
0699. Totals (Lines 0601 thru 0603 plus 0698) (Line 6 above) .....	XXX		
1301. ....			
1302. ....			
1303. ....			
1398. Summary of remaining write-ins for Line 13 from overflow page .....			
1399. Totals (Lines 1301 thru 1303 plus 1398) (Line 13 above) .....			0
2701. Rental Income.....			20,256
2702. Other Expenses.....			16,376
2703. Other Income.....		8,000	0
2798. Summary of remaining write-ins for Line 27 from overflow page .....			
2799. Totals (Lines 2701 thru 2703 plus 2798) (Line 27 above) .....	0	8,000	36,632

CAPITAL AND SURPLUS ACCOUNT

	1 Current Year to Date	2 Prior Year
<b>CAPITAL AND SURPLUS ACCOUNT:</b>		
31. Capital and surplus prior reporting period .....	6,901,657	9,218,498
<b>GAINS AND LOSSES TO CAPITAL &amp; SURPLUS:</b>		
32. Net income or (loss) from Line 30 .....	(214,038)	(1,792,739)
33. Change in valuation basis of aggregate policy and claim reserves .....		
34. Net unrealized capital gains and losses .....		
35. Change in net unrealized foreign exchange capital gain or (loss) .....		
36. Change in net deferred income tax .....	(85,299)	468,577
37. Change in nonadmitted assets .....	121,532	(770,786)
38. Change in unauthorized reinsurance .....		
39. Change in treasury stock .....		
40. Change in surplus notes .....		
41. Cumulative effect of changes in accounting principles .....		(435,673)
42. Capital Changes:		
42.1 Paid in .....		
42.2 Transferred from surplus (Stock Dividend) .....		
42.3 Transferred to surplus .....		
43. Surplus adjustments:		
43.1 Paid in .....		213,779
43.2 Transferred to capital (Stock Dividend) .....		
43.3 Transferred from capital .....		
44. Dividends to stockholders .....		
45. Aggregate write-ins for gains or (losses) in surplus .....	697,087	
46. Net change in capital & surplus (Lines 32 to 45) .....	519,282	(2,316,841)
47. Capital and surplus end of reporting period (Line 31 plus 46)	7,420,939	6,901,657
<b>DETAILS OF WRITE-INS</b>		
4501. Prior Year Premium Receivable Allowance Adjustment .....	697,087	0
4502. ....		
4503. ....		
4598. Summary of remaining write-ins for Line 45 from overflow page .....		
4599. Totals (Lines 4501 thru 4503 plus 4598) (Line 45 above)	697,087	

CASH FLOW

	1 Current Year to Date	2 Prior Year
<b>Cash from Operations</b>		
1. Premiums and revenues collected net of reinsurance .....	6,051,143	38,567,329
2. Claims and claims adjustment expenses .....	5,977,301	35,266,273
3. General administrative expenses paid .....	1,263,461	8,972,079
4. Other underwriting income (expenses) .....		
5. Cash from underwriting (Line 1 minus Line 2 minus Line 3 plus Line 4) .....	(1,189,619)	(5,671,024)
6. Net investment income .....	121,426	885,421
7. Other income (expenses) .....	8,000	36,632
8. Federal and foreign income taxes (paid) recovered .....	(734,395)	2,047,445
9. Net cash from operations (Lines 5 to 8) .....	(1,794,588)	(2,701,526)
<b>Cash from Investments</b>		
10. Proceeds from investments sold, matured or repaid:		
10.1 Bonds .....		2,303,544
10.2 Stocks .....		
10.3 Mortgage loans .....		
10.4 Real estate .....		
10.5 Other invested assets .....		
10.6 Net gains or (losses) on cash and short-term investments .....		
10.7 Miscellaneous proceeds .....		
10.8 Total investment proceeds (Lines 10.1 to 10.7) .....		2,303,544
11. Cost of investments acquired (long-term only):		
11.1 Bonds .....		1,022,610
11.2 Stocks .....		
11.3 Mortgage loans .....		
11.4 Real estate .....		
11.5 Other invested assets .....		
11.6 Miscellaneous applications .....		
11.7 Total investments acquired (Lines 11.1 to 11.6) .....		1,022,610
12. Net Cash from investments (Line 10.8 minus Line 11.7) .....		1,280,934
<b>Cash from Financing and Miscellaneous Sources</b>		
13. Cash provided:		
13.1 Surplus notes, capital and surplus paid in .....		
13.2 Net transfers from affiliates .....		5,739,945
13.3 Borrowed funds received .....		
13.4 Other cash provided .....	3,630,734	188,281
13.5 Total (Lines 13.1 to 13.4) .....	3,630,734	5,928,226
14. Cash applied:		
14.1 Dividends to stockholders paid .....		
14.2 Net transfers to affiliates .....	4,226,100	
14.3 Borrowed funds repaid .....		
14.4 Other applications .....	9,003	6,911,061
14.5 Total (Lines 14.1 to 14.4) .....	4,235,103	6,911,061
15. Net cash from financing and miscellaneous sources (Line 13.5 minus Line 14.5) .....	(604,369)	(982,834)
<b>RECONCILIATION OF CASH AND SHORT-TERM INVESTMENTS</b>		
16. Net change in cash and short-term investments (Line 9 plus Line 12 plus Line 15) .....	(2,398,957)	(2,403,426)
17. Cash and short-term investments:		
17.1 Beginning of period .....	8,819,830	11,223,256
17.2 End of period (Line 16 plus Line 17.1) .....	6,420,873	8,819,830

STATEMENT AS OF MARCH 31, 2002 OF THE CIGNA HEALTHCARE OF OHIO, INC.

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION

	1	Comprehensive (Hospital & Medical)		4	5	6	7	8	9	10
		2	3							
	Total	Individual	Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Other
<b>Total Members at end of:</b>										
1. Prior Year .....	18,927	42	18,885	.0	.0	.0	.0	.0	.0	.0
2 First Quarter .....	12,543	40	12,503	.0	.0	.0	.0	.0	.0	.0
3 Second Quarter .....		.0	.0	.0	.0	.0	.0	.0	.0	.0
4. Third Quarter .....										
5. Current Year		0	0							
6 Current Year Member Months	36,683	120	36,563							
<b>Total Member Ambulatory Encounters for Period:</b>										
7. Physician .....	8,629	61	8,568							
8. Non-Physician .....	858	3	855							
9. Total	9,487	64	9,423							
10. Hospital Patient Days Incurred	915	2	913							
11. Number of Inpatient Admissions	205	0	205							
12. Premiums Collected .....	6,285,283	19,574	6,265,709							
13. Premiums Earned	6,900,512	22,166	6,878,346							
14. Amount Paid for Provision of Health Care Services .....	5,637,607	19,642	5,617,965							
15. Amount Incurred for Provision of Health Care Services	5,612,802	18,537	5,594,265							

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UNDERWRITING AND INVESTMENT EXHIBIT  
ANALYSIS OF CLAIMS UNPAID - PRIOR YEAR - NET OF REINSURANCE

Line of Business	Claims Paid Year to Date		Liability End of Current Quarter		5  Claims Incurred in Prior Years (Columns 1 + 3)	6  Estimated Claim Reserve and Claim Liability Dec. 31 of Prior Year
	1  On Claims Incurred Prior to January 1 of Current Year	2  On Claims Incurred During the Year	3  On Claims Unpaid Dec. 31 of Prior Year	4  On Claims Incurred During the Year		
1. Comprehensive (Hospital & Medical) .....	2,560,378	3,076,678	778,000	2,988,268	3,338,378	4,023,021
2. Medicare Supplement .....						
3. Dental Only.....						
4. Vision Only.....						
5. Federal Employees Health Benefits Plan Premiums .....						
6. Title XVIII - Medicare .....						
7. Title XIX - Medicaid.....						
8. Other .....						
9. Subtotal .....	2,560,378	3,076,678	778,000	2,988,268	3,338,378	4,023,021
10. Medical incentive pools, accruals and disbursements .....		551	75,296		75,296	75,404
11. Totals	2,560,378	3,077,229	853,296	2,988,268	3,413,674	4,098,425

## NOTES TO FINANCIAL STATEMENTS

### NOTE 1 - Summary of Significant Accounting Policies

Accounting Practices: The financial statements of CIGNA HealthCare of Ohio, Inc., (the Company), have been prepared in conformity with accounting practices prescribed or permitted by the State of Ohio Department of Insurance.

### NOTE 2 - Accounting Changes and Correction of Errors

NONE

### NOTE 9 - Income Taxes

The Company and its Parent are included in the consolidated federal income tax return filed by CIGNA. The Company's federal income tax return is combined with the entities noted on Schedule Y - Part I - Organizational Chart.

The method of allocation between the companies is subject to written agreement approved by the Board of Directors. Allocation is based upon separate return calculations with current credit for net losses. Intercompany tax balances are settled quarterly.

A. The components of the net Deferred Tax Asset (DTA) recognized in the Company's Statutory Balance Sheets are as follows:

	<u>March 31,</u> <u>2002</u>	<u>December 31,</u> <u>2001</u>
Total of gross deferred tax assets	\$ 1,802,890	\$ 1,888,189
Total of deferred tax liabilities	(1,125,676)	(1,125,676)
Net deferred tax asset	677,214	762,513
Deferred tax asset non admitted	(400,131)	(762,513)
Net admitted deferred tax asset	\$ 277,082	\$ -
Increase in non admitted asset	\$ 362,382	

B. The change in net deferred income taxes is comprised of the following (this analysis is exclusive of non admitted assets as the Change in Non Admitted Assets is reported from the Change in Net Deferred Income Taxes in the surplus section of the Annual Statement):

	<u>March 31,</u> <u>2002</u>	<u>December 31,</u> <u>2001</u>	<u>Change</u>
Total deferred tax assets	\$1,802,890	\$1,888,189	\$ (85,299)
Total deferred tax liabilities	(1,125,676)	(1,125,676)	-
Net deferred tax asset	677,214	762,513	(85,299)
Tax effect of unrealized gains (losses)			-
Adjusted change in net deferred income tax			(85,299)
Less: Change in deferred tax on non admitted assets			(146,099)
Adjusted Change in net deferred income tax			\$60,080

C. The provision for federal income taxes incurred is different from that which would be obtained by applying the statutory Federal income tax rate to income before income taxes. The significant items causing this difference are as follows:

	<u>March 31,</u> <u>2002</u>	<u>Effective</u> <u>Tax Rate</u>
Benefit computed at statutory rate	\$(82,990)	35.0%
Tax exempt interest income (net)	(16,975)	7.2%
Meals and entertainment	2,188	-0.9%
Adjustment for Effective Rate Methodology	13,902	-5.9%
Total	\$(83,875)	35.4%
Federal income taxes incurred	\$ (23,075)	9.7%
Change in net deferred income taxes	(60,800)	25.6%
Total statutory income taxes	\$(83,875)	35.4%

NOTES TO FINANCIAL STATEMENTS

The effective rate reconciliation as shown above discloses one-quarter of the Company’s full-year projected rate reconciling items adjusted by an amount that represents the effect of recording taxes using an effective rate approach as described by SSAP 10. The adjustment results when the income of the plan in the first quarter differs from one-fourth of the Company’s planned income for the full year.

D. CIGNA Corporation' indirectly wholly-owned domestic subsidiary insurance companies have entered into a Consolidated Federal Income Tax Agreement ( the "Agreement") which became effective as of April 1, 1982. The Agreement sets forth the method of allocation of federal income taxes for CIGNA Corporation and its wholly-owned domestic subsidiaries, including insurance subsidiaries. The Agreement provides for immediate reimbursement to companies with net operating losses to the extent that their losses are used to reduce consolidated taxable income; while those companies with current taxable income as calculated under federal separate return provision, are liable for payments determined as if they had each filed a separate return. However, current credit is given for any foreign tax credit, operating loss or investment tax credit carryovers actually used in the current consolidated return.

**NOTE 13 -Capital and Surplus, Shareholders'Dividend Restrictions and Quasi-Reorganizations**

NONE

**NOTE 17 -Sale, Transfer and Servicing of Financial Assets and Extinguishments of Liabilities**

- A) Transfers of Receivables reported as Sales  
None
- B) Transfer and Servicing of Financial Assets  
None
- C) Wash Sales  
None

**NOTE 21 - Events Subsequent**

NONE

**NOTE 26 - Organization and Operation**

N/A

GENERAL INTERROGATORIES

(Responses to these interrogatories should be based on changes that have occurred since the prior year end unless otherwise noted.)

PART 1 - COMMON INTERROGATORIES  
GENERAL

1.1 Did the reporting entity implement any significant accounting policy changes which would require disclosure in the Notes to the Financial Statements? ..... Yes [ ] No [X]

1.2 If yes, explain: .....  
.....

2.1 Did the reporting entity experience any material transactions requiring the filing of Disclosure of Material Transactions with the State of Domicile, as required by the Model Act? ..... Yes [ ] No [X]

2.2 If yes, has the report been filed with the domiciliary state? ..... Yes [ ] No [ ]

3.1 Has any change been made during the year of this statement in the charter, by-laws, articles of incorporation, or deed of settlement of the reporting entity? ..... Yes [ ] No [X]

3.2 If yes, date of change: .....  
If not previously filed, furnish herewith a certified copy of the instrument as amended.

4. Have there been any substantial changes in the organizational chart since the prior quarter end? ..... Yes [ ] No [X]  
If yes, attach an organizational chart.

5.1 Has the reporting entity been a party to a merger or consolidation during the period covered by this statement? ..... Yes [ ] No [X]

5.2 If yes, provide the name of entity, NAIC Company Code, and state of domicile (use two letter state abbreviation) for any entity that has ceased to exist as a result of the merger or consolidation.

1 Name of Entity	2 NAIC Company Code	3 State of Domicile
.....	.....	.....
.....	.....	.....
.....	.....	.....

6. If the reporting entity is subject to a management agreement, including third-party administrator(s), managing general agent(s), attorney-in-fact, or similar agreement, have there been any significant changes regarding the terms of the agreement or principals involved? ..... Yes [ ] No [X] NA [ ]  
If yes, attach an explanation.

7.1 State as of what date the latest financial examination of the reporting entity was made or is being made. .... 12/31/1997

7.2 State the as of date that the latest financial examination report became available from either the state of domicile or the reporting entity. This date should be the date of the examined balance sheet and not the date the report was completed or released. .... 12/31/1997

7.3 State as of what date the latest financial examination report became available to other states or the public from either the state of domicile or the reporting entity. This is the release date or completion date of the examination report and not the date of the examination (balance sheet date). .... 06/01/1998

7.4 By what department or departments?  
Ohio Department of Insurance.....

8.1 Has this reporting entity had any Certificates of Authority, licenses or registrations (including corporate registration, if applicable) suspended or revoked by any governmental entity during the reporting period? (You need not report an action, either formal or informal, if a confidentiality clause is part of the agreement.) ..... Yes [ ] No [X]

8.2 If yes, give full information: .....  
.....

GENERAL INTERROGATORIES

(Responses to these interrogatories should be based on changes that have occurred since the prior year end unless otherwise noted.)

INVESTMENT

9.1 Has there been any change in the reporting entity's own preferred or common stock? Yes [ ] No [X]

9.2 If yes, explain:

10.1 Were any of the stocks, bonds, or other assets of the reporting entity loaned, placed under option agreement, or otherwise made available for use by another person? (Exclude securities under securities lending agreements.) Yes [ ] No [X]

10.2 If yes, give full and complete information relating thereto:  
N/A

11. Amount of real estate and mortgages held in other invested assets in Schedule BA: \$

12. Amount of real estate and mortgages held in short-term investments: \$

13.1 Does the reporting entity have any investments in parent, subsidiaries and affiliates? Yes [ ] No [X]

13.2 If yes, please complete the following:

	1 Prior Year-End Statement Value	2 Current Quarter Statement Value
13.21 Bonds	\$	\$
13.22 Preferred Stock	\$	\$
13.23 Common Stock	\$	\$
13.24 Short-term Investments	\$	\$
13.25 Mortgages, Loans or Real Estate	\$	\$
13.26 All Other	\$	\$
13.27 Total Investment in Parent, Subsidiaries and Affiliates (Subtotal Lines 13.21 to 13.26)	\$	\$
13.28 Total Investment in Parent included in Lines 13.21 to 13.26 above	\$	\$
13.29 Receivable from Parent not included in Lines 13.21 to 13.26 above	\$	\$

14.1 Does the reporting entity have any hedging transactions reported on Schedule DB? Yes [ ] No [X]

14.2 If yes, has a comprehensive description of the hedging program been made available to the domiciliary state? Yes [ ] No [ ]

If no, attach a description with this statement.

15. Excluding items in Schedule E, real estate, mortgage loans and investments held physically in the reporting entity's offices, vaults or safety deposit boxes, were all stocks, bonds and other securities, owned throughout the current year held pursuant to a custodial agreement with a qualified bank or trust company in accordance with Part 1 - General, Section IV.H - Custodial or Safekeeping Agreements of the NAIC Financial Condition Examiners Handbook? Yes [X] No [ ]

15.1 For all agreements that comply with the requirements of the NAIC Financial Condition Examiners Handbook, complete the following:

1 Name of Custodian(s)	2 Custodian Address
Chase Manhattan Bank	New York, NY

15.2 For all agreements that do not comply with the requirements of the NAIC Financial Condition Examiners Handbook, provide the name, location and a complete explanation:

1 Name(s)	2 Location(s)	3 Complete Explanation(s)

15.3 Have there been any changes, including name changes in the custodian(s) identified in 15.1 during the current year? Yes [ ] No [X]

15.4 If yes, give full and complete information relating thereto:

1 Old Custodian	2 New Custodian	3 Date of Change	4 Reason

15.5 Identify all investment advisors, brokers/dealers or individuals acting on behalf of broker/dealers that have access to the investment accounts, handle securities and have authority to make investments on behalf of the reporting entity:

1 Central Registration Depository	2 Name(s)	3 Address
	Times Square Capital Management, Inc	Four Times Aquare, New York, NY 10036
40596	CIGNA Investments, Inc	280 Trumbull Street, Hartford, CT 06103

SCHEDULE A - VERIFICATION

	1 First Quarter Current Year	2 Second Quarter Current Year	3 Third Quarter Current Year	4 Prior Year Ended December 31
1. Book/adjusted carrying value, beginning of period .....	1,098,054			1,739,054
2. Increase (decrease) by adjustment .....	(35,250)			(141,000)
3. Cost of acquired .....				
4. Cost of additions to and permanent improvements .....				(500,000)
5. Total profit (loss) on sales .....				
6. Increase (decrease) by foreign exchange adjustment .....				
7. Amount received on sales .....				
8. Book/adjusted carrying value at end of current period .....	1,062,804			1,098,054
9. Total valuation allowance .....				
10. Subtotal (Lines 8 plus 9) .....	1,062,804			1,098,054
11. Total nonadmitted amounts .....				
12. Statement value, current period (Page 2, real estate lines, current period)	1,062,804			1,098,054

SCHEDULE B - VERIFICATION

	1 First Quarter Current Year	2 Second Quarter Current Year	3 Third Quarter Current Year	4 Prior Year Ended December 31
1. Book/recorded investment excluding accrued interest on mortgages owned, beginning of period .....				
2. Amount loaned during period:				
2.1. Actual cost at time of acquisitions .....				
2.2. Additional investment made after acquisitions .....				
3. Accrual of discount and mortgage interest points and commitment fees .....				
4. Increase (decrease) by adjustment .....				
5. Total profit (loss) on sale .....				
6. Amounts paid on account or in full during the period .....				
7. Amortization of premium .....				
8. Increase (decrease) by foreign exchange adjustment .....				
9. Book value/recorded investment excluding accrued interest on mortgages owned at end of current period .....				
10. Total valuation allowance .....				
11. Subtotal (Lines 9 plus 10) .....				
12. Total nonadmitted amounts .....				
13. Statement value of mortgages owned at end of current period				

SCHEDULE BA - VERIFICATION

Other Invested Assets Included in Schedule BA

	1 First Quarter Current Year	2 Second Quarter Current Year	3 Third Quarter Current Year	4 Prior Year Ended December 31
1. Book/adjusted carrying value of long-term invested assets owned, beginning of period .....				
2. Cost of acquisitions during period:				
2.1. Actual cost at time of acquisitions .....				
2.2. Additional investment made after acquisitions .....				
3. Accrual of discount .....				
4. Increase (decrease) by adjustment .....				
5. Total profit (loss) on sale .....				
6. Amounts paid on account or in full during the period .....				
7. Amortization of premium .....				
8. Increase (decrease) by foreign exchange adjustment .....				
9. Book/adjusted carrying value of long-term invested assets at end of current period .....				
10. Total valuation allowance .....				
11. Subtotal (Lines 9 plus 10) .....				
12. Total nonadmitted amounts .....				
13. Statement value of long-term invested assets at end of current period				

STATEMENT AS OF MARCH 31, 2002 OF THE CIGNA HEALTHCARE OF OHIO, INC.

SCHEDULE D - PART 1B

Showing the Acquisitions, Dispositions and Non-Trading Activity  
During the Current Quarter for all Bonds and Preferred Stock by Rating Class

	1 Statement Value Beginning of Current Quarter	2 Acquisitions During Current Quarter	3 Dispositions During Current Quarter	4 Non-Trading Activity During Current Quarter	5 Statement Value End of First Quarter	6 Statement Value End of Second Quarter	7 Statement Value End of Third Quarter	8 Statement Value December 31 Prior Year
<b>BONDS</b>								
1. Class 1 .....	6,054,636			(1,337)	6,053,299			6,054,636
2. Class 2 .....	447,438			1,373	448,811			447,438
3. Class 3 .....								0
4. Class 4 .....								0
5. Class 5 .....								0
6. Class 6 .....								0
7. Total Bonds	6,502,074			36	6,502,110			6,502,074
<b>PREFERRED STOCK</b>								
8. Class 1 .....								0
9. Class 2 .....								0
10. Class 3 .....								0
11. Class 4 .....								0
12. Class 5 .....								0
13. Class 6 .....								0
14. Total Preferred Stock								
15. Total Bonds and Preferred Stock	6,502,074			36	6,502,110			6,502,074

Schedule DA - Part 1  
**NONE**

Schedule DA - Part 2  
**NONE**

Schedule DB - Part F - Section 1  
**NONE**

Schedule DB - Part F - Section 2  
**NONE**

Schedule S  
**NONE**



SCHEDULE T PREMIUMS AND OTHER CONSIDERATIONS

Allocated by States and Territories

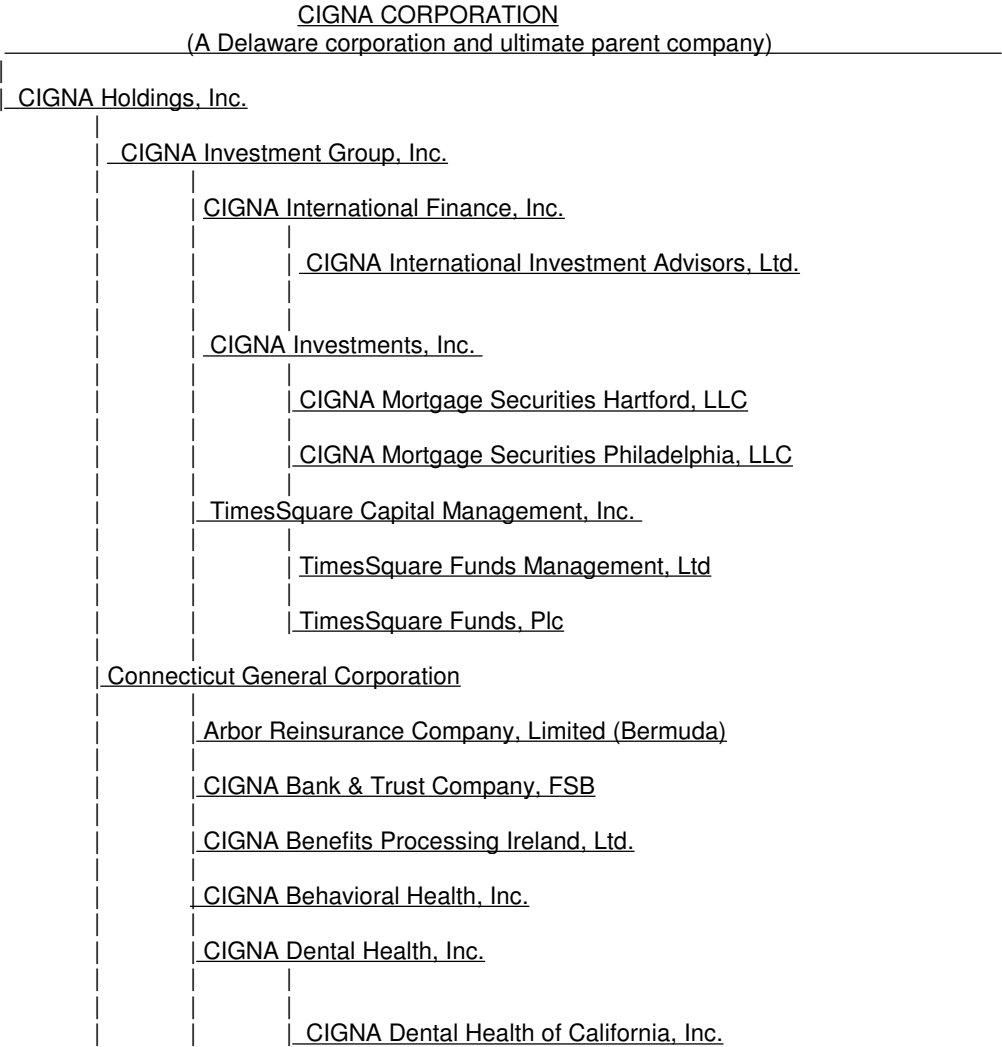
		1	2	Direct Business Only Year-to-Date			
				3	4	5	6
States, Etc.		Guaranty Fund (Yes or No)	Is Insurer Licensed? (Yes or No)	Premiums	Medicare Title XVIII	Medicaid Title XIX	Federal Employees Health Benefit Program Premium
1. Alabama .....	AL	No	No				
2. Alaska .....	AK	No	No				
3. Arizona .....	AZ	No	No				
4. Arkansas .....	AR	No	No				
5. California .....	CA	No	No				
6. Colorado .....	CO	No	No				
7. Connecticut .....	CT	No	No				
8. Delaware .....	DE	No	No				
9. District of Columbia .....	DC	No	No				
10. Florida .....	FL	No	No				
11. Georgia .....	GA	No	No				
12. Hawaii .....	HI	No	No				
13. Idaho .....	ID	No	No				
14. Illinois .....	IL	No	No				
15. Indiana .....	IN	No	No				
16. Iowa .....	IA	No	No				
17. Kansas .....	KS	No	Yes	1,205,078			
18. Kentucky .....	KY	No	No				
19. Louisiana .....	LA	No	No				
20. Maine .....	ME	No	No				
21. Maryland .....	MD	No	No				
22. Massachusetts .....	MA	No	No				
23. Michigan .....	MI	No	No				
24. Minnesota .....	MN	No	No				
25. Mississippi .....	MS	No	No				
26. Missouri .....	MO	No	Yes	1,596,488			
27. Montana .....	MT	No	No				
28. Nebraska .....	NE	No	No				
29. Nevada .....	NV	No	No				
30. New Hampshire .....	NH	No	No				
31. New Jersey .....	NJ	No	No				
32. New Mexico .....	NM	No	No				
33. New York .....	NY	No	No				
34. North Carolina .....	NC	No	No				
35. North Dakota .....	ND	No	No				
36. Ohio .....	OH	Yes	Yes	4,098,946			
37. Oklahoma .....	OK	No	No				
38. Oregon .....	OR	No	No				
39. Pennsylvania .....	PA	No	No				
40. Rhode Island .....	RI	No	No				
41. South Carolina .....	SC	No	No				
42. South Dakota .....	SD	No	No				
43. Tennessee .....	TN	No	No				
44. Texas .....	TX	No	No				
45. Utah .....	UT	No	No				
46. Vermont .....	VT	No	No				
47. Virginia .....	VA	No	No				
48. Washington .....	WA	No	No				
49. West Virginia .....	WV	No	No				
50. Wisconsin .....	WI	No	No				
51. Wyoming .....	WY	No	No				
52. American Samoa .....	AS	No	No				
53. Guam .....	GU	No	No				
54. Puerto Rico .....	PR	No	No				
55. U.S. Virgin Islands .....	VI	No	No				
56. Canada .....	CN	No					
57. Aggregate Other Alien .....	OT	XXX	XXX				
58. Total (Direct Business)		XXX	(a) 3	6,900,512			
DETAILS OF WRITE-INS							
5701. ....							
5702. ....							
5703. ....							
5798. Summary of remaining write-ins for Line 57 from overflow page .....							
5799. Totals (Lines 5701 thru 5703 plus 5798)(Line 57 above)							

(a) Insert the number of yes responses except for Canada and Other Alien.

SCHEDULE Y - INFORMATION CONCERNING ACTIVITIES OF INSURER MEMBERS OF A HOLDING COMPANY GROUP  
PART 1 - ORGANIZATIONAL CHART

~~PART 1 - ORGANIZATIONAL CHART~~

The following is a listing identifying and indicating the interrelationships among all affiliated insurers (identified by an asterisk, and if such insurer is incorporated in the United States of America, by a Federal Employer Identification Number, NAIC Company Code and Jurisdiction of Incorporation) and all other affiliates, except that no non-insurer affiliate or alien insurer affiliate is listed unless either its total assets, as of December 31, 2001, are equal to one-half of one percent (0.5%) of the total assets of Connecticut General Life Insurance Company, which is the largest affiliated insurer, or such non-insurer or alien had activities reported in Part 2:



SCHEDULE Y - INFORMATION CONCERNING ACTIVITIES OF INSURER MEMBERS OF A HOLDING COMPANY GROUP  
PART 1 - ORGANIZATIONAL CHART

20.1

		(EI# 59-2600475, CA)
		<u>CIGNA Dental Health of Colorado, Inc.</u> (EI# 59-2675861, NAIC # 11175, CO)
		<u>CIGNA Dental Health of Delaware, Inc.</u> (EI# 59-2676987, NAIC # 95380, DE)
		<u>CIGNA Dental Health of Florida, Inc.</u> (EI# 59-1611217, NAIC # 52021, FL)
		<u>CIGNA Dental Health of Kansas, Inc.</u> (EI# 59-2625350, NAIC # 52024, KS)
		<u>CIGNA Dental Health of Kentucky, Inc.</u> (EI# 59-2619589, NAIC # 52108, KY)
		<u>CIGNA Dental Health of Maryland, Inc.</u> (EI# 59-2740468, NAIC # 48119, DE)
		<u>CIGNA Dental Health of Missouri, Inc.</u> (EI#06-1582068, NAIC # 11160, MO)
		<u>CIGNA Dental Health of New Jersey, Inc.</u> (EI# 59-2308062, NAIC # 11167,NJ)
		<u>CIGNA Dental Health of New Mexico, Inc.</u> (EI# 95-4452999, NAIC # 47001, NM)
		<u>CIGNA Dental Health of North Carolina, Inc.</u> (EI# 56-1803464, NAIC # 95179, NC)
		<u>CIGNA Dental Health of Ohio, Inc.</u> (EI# 59-2579774, NAIC # 47805, OH)
		<u>CIGNA Dental Health of Pennsylvania, Inc.</u> (EI# 52-1220578, NAIC # 47041, PA)
		<u>CIGNA Dental Health of Texas, Inc.</u> (EI# 59-2676977, TX)
		<u>CIGNA Dental Health of Virginia, Inc.</u> (EI# 52-2188914, NAIC # 52617, VA)
		<u>CIGNA Dental Health Plan of Arizona, Inc.</u> (EI# 86-0807222, NAIC # 47013, AZ)

SCHEDULE Y - INFORMATION CONCERNING ACTIVITIES OF INSURER MEMBERS OF A HOLDING COMPANY GROUP  
PART 1 - ORGANIZATIONAL CHART

20.2

	<u>CIGNA Financial Partners, Inc.</u>
	<u>CIGNA Financial Services, Inc.</u>
	<u>CIGNA Health Corporation</u>
	<u>Healthsource, Inc.</u>
	<u>CIGNA HealthCare of Arizona, Inc.</u> (EI# 86-0334392, AZ)
	<u>CIGNA Community Choice, Inc.</u>
	<u>CIGNA HealthCare of California, Inc.</u> (EI# 95-3310115, CA)
	<u>CIGNA HealthCare of Colorado, Inc.</u> (EI# 84-1004500, NAIC # 95604, CO)
	<u>CIGNA HealthCare of Connecticut, Inc.</u> (EI# 06-1141174, NAIC # 95660, CT)
	<u>CIGNA HealthCare of Delaware, Inc.</u> (EI# 52-1347731, NAIC # 95544, DE)
	<u>CIGNA HealthCare of Florida, Inc.</u> (EI# 59-2089259, NAIC # 95136, FL)
	<u>CIGNA HealthCare of Illinois, Inc.</u> (EI# 36-3385638, NAIC # 95602, DE)
	<u>CIGNA HealthCare of Kentucky, Inc.</u> (EI# 61-1275797, NAIC # 95178, KY)
	<u>CIGNA HealthCare of Louisiana, Inc.</u> (EI# 75-2076466, NAIC # 95600, LA)
	<u>CIGNA HealthCare of Maine, Inc.</u> (EI# 01-0418220, NAIC # 95447, ME)
	<u>CIGNA HealthCare of Massachusetts, Inc.</u> (EI# 02-0402111, NAIC # 95220, MA)
	<u>CIGNA HealthCare Mid-Atlantic, Inc.</u> (EI# 52-1404350, NAIC # 95599, MD)

SCHEDULE Y - INFORMATION CONCERNING ACTIVITIES OF INSURER MEMBERS OF A HOLDING COMPANY GROUP  
PART 1 - ORGANIZATIONAL CHART

20.3

			<u>CIGNA HealthCare of New Hampshire, Inc.</u> (EI# 02-0387749, NAIC # 95493, NH)
			<u>CIGNA HealthCare of New Jersey, Inc.</u> (EI# 22-2720890, NAIC # 95500, NJ)
			<u>CIGNA HealthCare of Ohio, Inc.</u> (EI# 31-1146142, NAIC # 95209, OH)
			<u>CIGNA HealthCare of Pennsylvania, Inc.</u> (EI# 23-2301807, NAIC # 95121, PA)
			<u>CIGNA HealthCare of St. Louis, Inc.</u> (EI# 36-3359925, NAIC # 95635, MO)
			<u>CIGNA HealthCare of Utah, Inc.</u> (EI# 62-1230908, NAIC # 95518, UT)
			<u>CIGNA HealthCare of Virginia, Inc.</u> (EI# 54-1252797, NAIC # 96563, VA)
			<u>Healthsource South, Inc.</u> (NH)
			<u>CIGNA HealthCare of Arkansas, Inc.</u> (EI# 71-0742124, NAIC # 95499, AR)
			<u>CIGNA HealthCare of Georgia, Inc.</u> (EI# 58-1641057, NAIC # 96229, GA)
			<u>CIGNA HealthCare of Texas, Inc.</u> (EI# 74-2767437, NAIC # 95383, TX)
			<u>* CIGNA Insurance Group, Inc.</u> (EI# 02-0441070, NAIC # 87980, NH)
			<u>Healthsource Indiana, Inc.</u>
			<u>CIGNA HealthCare of Indiana, Inc.</u> (EI# 35-1679172, NAIC # 95525, IN)
			<u>Healthsource Management, Inc.</u>

SCHEDULE Y - INFORMATION CONCERNING ACTIVITIES OF INSURER MEMBERS OF A HOLDING COMPANY GROUP  
PART 1 - ORGANIZATIONAL CHART

				<u>CIGNA HealthCare of New York, Inc.</u> (EI# 11-2758941, NAIC # 95488, NY)
				<u>CIGNA HealthCare of Tennessee, Inc.</u> (EI# 62-1218053, NAIC # 95606, TN)
				<u>Healthsource Health Plans, Inc.</u>
				<u>CIGNA HealthCare of North Carolina, Inc.</u> (EI# 56-1479515, NAIC # 95132, NC)
				<u>Physicians' Health Systems, Inc.</u>
				<u>*CIGNA Insurance Services Company</u> (72%) (remaining interest owned by Healthsource Management, Inc.) (EI# 57-0937292, NAIC # 63405, SC)

SCHEDULE Y - INFORMATION CONCERNING ACTIVITIES OF INSURER MEMBERS OF A HOLDING COMPANY GROUP  
PART 1 - ORGANIZATIONAL CHART

20.5

			<u>*CIGNA HealthCare of South Carolina, Inc.</u> (EI# 06-1185590, NAIC # 95708, SC)
			<u>Lovelace Health Systems, Inc.</u> (EI# 85-0327237, NAIC # 95808, NM)
			<u>*Temple Insurance Company Limited</u> (Bermuda)
			<u>*CIGNA Life Insurance Company of Canada</u> (Canada)
			<u>*CIGNA Life Insurance Company of New York</u> (EI# 13-2556568, NAIC # 64548, NY)
			<u>*Connecticut General Life Insurance Company</u> (EI# 06-0303370, NAIC # 62308, CT)
			<u>All-Net Preferred Providers, Inc.</u>
			<u>CG Ballston, LLC</u>
			<u>CG Michigan Properties, LLC.</u>
			<u>CG Pinnacle, L.L.C.</u>
			<u>CG Wacker Drive, L.L.C.</u>
			<u>CIGNA Dulles Town, L L C</u>
			<u>*CIGNA Life Insurance Company</u> (EI# 06-1050034, NAIC # 93629, CT)
			<u>CIGNA Retirement Benefits Services, Inc.</u>
			<u>Congen Properties, Inc.</u>
			<u>Hazard Center Investment Company LLC</u>
			<u>Houston Properties L.L.C.</u>
			<u>KCI Investment Company L.L.C.</u>
			<u>Ridgedale REIT, Inc. (49.9%)</u> (remaining interests owned by unaffiliated parties)
			<u>Southland REIT, Inc. (49.9%)</u> (remaining interests owned by unaffiliated parties)

SCHEDULE Y - INFORMATION CONCERNING ACTIVITIES OF INSURER MEMBERS OF A HOLDING COMPANY GROUP  
PART 1 - ORGANIZATIONAL CHART

20.6

	<u>Global Portfolio Strategies, Inc.</u>
	<u>International Rehabilitation Associates, Inc. d/b/a INTRACORP</u>
	<u>*Life Insurance Company of North America</u> <u>(EI# 23-1503749, NAIC # 65498, PA)</u>
	<u>Tel-Drug, Inc.</u>
	<u>CIGNA Global Holdings, Inc.</u>
	<u>*CIGNA Global Reinsurance Company, Ltd. (Bermuda)</u>
	<u>CIGNA Holdings Overseas, Inc.</u>
	<u>* CIGNA Life Insurance Company of Europe S.A.-N.V. (Belgium)</u>
	<u>*CIGNA Europe Insurance Company S.A.-N.V. (Belgium) (99.999%)</u>
	<u>* CIGNA Seguros, S.A. (Mexico)</u>
	<u>*CIGNA Seguradora S.A. (Brazil) (99.7%)</u>
	<u>*CIGNA Life Insurance New Zealand Limited (New Zealand)</u>
	<u>*CIGNA Argentina Compania de Seguros S.A. (Argentina)</u>
	<u>*Empresa Guatemalteca CIGNA de Seguros, Sociedad Anonima (Argentina) (97.375%)</u>
	<u>Inversiones CIGNA Limitada (Chile)</u>
	<u>*CIGNA Compania de Seguros de Vida (Chile) S.A. (Chile) (98.64%)</u>
	<u>*CIGNA Worldwide Insurance Company</u> <u>(EI# 23-2088429, NAIC # 90859, DE)</u>
	<u>*P.T. Asuransi CIGNA (Indonesia) (80%)</u>
	<u>*CIGNA Saude, Ltda. (Brazil) (71.91%)</u>
	<u>*CIGNA STU S.A. (Poland) (7.5%)</u>
	<u>*Philippine Health Care Providers, Inc. (Philippines) (30%)</u>



SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES

The following supplemental reports are required to be filed as part of your statement filing. However, in the event that your company does not transact the type of business for which the special report must be filed, your response of **NO** to the specific interrogatory will be accepted in lieu of filing on NONE" report and a bar code will be printed below. If the supplement is required of your company but is not being filed for whatever reason enter **SEE EXPLANATION** and provide an explanation following the interrogatory question.

RESPONSE

1. Will the SVO Compliance Certification be filed with this statement?

Yes

Explanation:

Bar Code:

OVERFLOW PAGE FOR WRITE-INS

MQ003 Additional Aggregate Lines for Page 03 Line 17.  
\*LIAB

1704.	Other Accrued Liabilities.....	67,522		67,522	14,569
1797.	Summary of remaining write-ins for Line 17 from Page 03	67,522		67,522	14,569

Schedule A - Part 2

NONE

Schedule A - Part 3

NONE

Schedule B - Part 1

NONE

Schedule B - Part 2

NONE

Schedule BA - Part 1

NONE

Schedule BA - Part 2

NONE

Schedule D - Part 3

NONE

Schedule D - Part 4

NONE

Schedule DB - Part A - Section 1

NONE

Schedule DB - Part B - Section 1

NONE

Schedule DB - Part C - Section 1

NONE

Schedule DB - Part D - Section 1

NONE

**STATEMENT AS OF MARCH 31, 2002 OF THE CIGNA HEALTHCARE OF OHIO, INC.**

## SCHEDULE E - PART 1 - CASH

[illegible]